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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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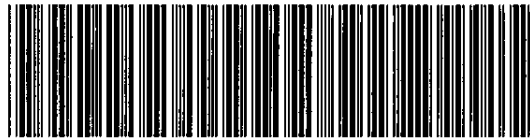
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **KONDEE FAMILY, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: **SOPIDA POLNARK** **SOPIDA POLNARK**   
Name (Printed or typed)

**11527 KENLEY CIRCLE**  
Address

**ORLANDO, FLORIDA 32824**  
City, State & Zip

**321-945-2081**  
Daytime Telephone number

**Anncole1929@cfl.rr.com**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** KONDEE FAMILY, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2051 South Patrick Drive  
Indian Harbour Beach, Florida 32937

Mailing address, if different is:  
11527 Kenley Circle  
Orlando, Florida 32824

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To own and perate a permanent seating restaurant specializing in Thai cuisine along with beer and wine under a 2-COP alcohol License issued by Floria. Also plan to offer a carry-out service and catering. All to conform with the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SOPIDA POLNARK, Pres/Treasurer  
Address: 11527 Kenley Circle  
Orlando, Florida 32824

Name and Title: WINAI POLNAK Director  
Address: 244/1 Wangchin  
County Phrae Zip 54161  
Thailand

Name and Title: SUPAWADEE POLNARK, Vice Pres.  
Address: 11527 Kenley Circle  
Orlando, Florida 32824

Name and Title: WALAI POLNAK, Director  
Address: 244/1 Wangchin  
County Phrae Zip 54161  
Thailand

Name and Title: WORARIT BHOSRI, Secretary  
Address: 11527 Kenley Circle  
Orlando, Florida 32824

Name and Title: SANGCHAN BLACKBURN, Director  
Address: 11527 Kenley Circle  
Orlando, Florida 32824

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ANN M COLE  
Address: 4046 Seabridge Drive  
Orlando, Florida 32938

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SOPIDA POLNARK  
Address: 11527 Kenley Circle  
Orlando, Florida 32824

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Ann M Cole*

Required Signature/Registered Agent

9/5/2012

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Sopida Blmark*

Required Signature/Incorporator

09/04/12

Date